

## Example 1: Addendum with a Prorated Budget (Adding New DD Services)

### 1) Medicaid DD Costing Sheet Example:

The child's budget amount that was approved/authorized by ICDE to be spent for a year (Ex. \$4,900)

**ONLY FOR ADDENDUMS:**  
The amount of budget spent to date (Billing Admin checks in QNXT or Cognos for amount)

The projected amount Medicaid will pay for the child's DD services during the addendum date span (Total from the excel sheet)

**ONLY FOR ADDENDUMS:**  
The difference between the "Authorized Budget Amount" or "Prorated Budget Amount", and the "Estimated Budget Usage to Date"  
Ex: \$2,356-\$0 = \$2,356

Authorized Annual Budget Amount: \$4,900  
Estimate of Budget Usage To Date: \$0

Medicaid Total: \$1,369.10  
Remaining Budget Amount: \$2,356

Service Provider	Service Type	Start Date	End Date	Hours	Freq	How Often	Hourly Cost	Weekly Cost	Monthly Cost	Annual Cost
DS	Family Ed - Individual	9/1/13	2/28/14	1.00	1	Weekly	\$45.40	\$45.40		\$1,173.91
Independent Respite	Respite - Individual Ind	9/1/13	2/28/14	4.00	1	Monthly	\$8.20		\$32.80	\$195.18
TOTALS				5			\$53.60	\$45.40	\$32.80	\$1,369.10

The new DD services were added with 25 weeks remaining in the IFSP year.  
 Ex.  
 $\$4,900/52 \text{ weeks} = \$94.23$   
 $\$94.23 \times 25 \text{ weeks} =$   
 $\$2,355.75$

Tool used by case managers to project the cost of services and ensure the child's annual budget is not exceeded.

Has the budget been prorated to address a transition? ☒ Yes ☐ No

If Yes, your child's budget is prorated to \$2,356 for the 25 weeks remaining in your child's plan year.

Providers must deliver Medicaid Children's Developmental Disability services in accordance with the type, amount, duration and frequency specified on the Individualized Family Service Plan (IFSP). Services delivered that are not authorized on the IFSP may be subject to recoupment by the Department.

## 2) IFSP Summary of Services Page Example:

### Summary of Services

Early Intervention Services	Person(s)/Agency(ies) Responsible	Start Date End Date (Duration)	Length (time service provided) Frequency (# of days or sessions) Intensity (individual/group) Method (how service provided) Location (place of service)	Funding Source If Medicaid, MID #	*NE	
					Y	N
Family Education	Developmental Specialist	9/1/13 - 2/28/14	Individual, direct intervention, 80 minutes per session, 25 sessions, home and child care center	Medicaid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
Other services the child or family needs or is receiving through other sources that are not required or funded by the Infant Toddler Program (Part C of IDEA)						
Respite	Independent Respite Provider	9/1/13 to 2/28/14	Individual, direct service, 80 minutes per session, 24 sessions (may be back to back), home.	Medicaid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

### 3) ITP KIDS IFSP Example:

#### A. How to enter Family Education (Under IFSP Services):

IFSP		IFSP Outcome	IFSP Review	IFSP Addendum	IFSP Prior Written Notice
IFSP ID:	12029			Start Date:	* 1/11/2013
Client Services:					
<div>CommandService</div>					
Service:	* Family Education - Individual				
Projected Start Date:	* 9/29/2011				
Actual Start Date:	9/29/2011				
Service Delay Reason:	Select Delay Reason				
Notes:					
Description of Service:					
Authorized Start Date (Billing):	* 9/1/2013	Authorized End Date (Billing):	* 2/28/2014		
IFSPAddendum:	Sep 01, 2013	Prior Written Notice:	Select Prior Written Notice		
Service Agency:	* DHW ITP - 4				
Service Provider:	FAIRBANKS , TIAHNA				
Setting:	* HOM -Home				
Frequency:	* 25	Frequency Type:	* Bi-Annual		
Length (Visit):	* 60	Length Type:	* Minutes		
Detail:					
Created By:					
Changed By:					
Update Cancel					

#### B. How to enter Respite (Under Case Services):

Command		Service			
Service:	* Respite Care - Individual				
Notes:					
Description of Service:					
Authorized Start Date (Billing):	* 9/1/2013	Authorized End Date (Billing):	* 2/28/2014		
Service Agency:	* Respite DD Agency				
Service Provider:	Respite, DD Provider				
Frequency:	* 24	Frequency Type:	* Bi-Annual		
Length (Visit):	* 60	Length Type:	* Minutes		
Detail:					
Created By:					
Changed By:					
Update Cancel					

## Example 2: Addendum with a Prorated Budget (Changing Existing DD Services)

### 1) Medicaid DD Costing Sheet Example:

The child's budget amount that was approved/authorized by ICDE to be spent for a year (Ex. \$4,900)

**ONLY FOR ADDENDUMS:**  
The amount of budget spent to date (Billing Admin checks in QNXT or Cognos for amount)

The projected amount Medicaid will pay for the child's DD services during the addendum date span (Total from the excel sheet)

**ONLY FOR ADDENDUMS:**  
The difference between the Prorated Budget Amount (In Example 1), and the "Estimated Budget Usage to Date"  
Ex: \$2,356-\$802=\$1,554

Authorized Annual Budget Amount: \$4,900  
Estimate of Budget Usage To Date: \$802

Medicaid Total: \$656.82  
Remaining Budget Amount: \$1,554

Service Provider	Service Type	Start Date	End Date	Hours	Freq	How Often	Hourly Cost	Weekly Cost	Monthly Cost	Annual Cost
DS	Family Ed - Individual	12/15/13	2/28/14	1.00	1	Weekly	\$45.40	\$45.40		\$492.91
Independent Respite	Respite - Individual Ind	12/15/13	2/28/14	8.00	1	Monthly	\$8.20		\$65.60	\$163.91
TOTALS				9			\$53.60	\$45.40	\$65.60	\$656.82

**Addendum:**  
Added 4 more hours of respite per month